

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

399

1002

36744

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City Mo

Registration District No. 1002

Primary Registration District No. General Hospital

File No. 2153

Registered No. 2153

St. 1 Ward 1

2. FULL NAME

Ida Johnson

(a) Residence, No. 1908 E. 19<sup>th</sup>

St. 1 Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1879

7. AGE YEARS 58 MONTHS 0 DAYS 25 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

13. NAME Nease King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

15. MAIDEN NAME Eliza Caranough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) Mildred Half

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE 10-19-37

19. UNDERTAKER (ADDRESS) Wm. A. Fletcher

20. FILED 10.18.37 M. M. Crowe, asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3<sup>rd</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from 11:10 a.m. 1937

I saw Deputy Coroner Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tbc. Date of onset

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Other contributory causes of importance:

Name of operation Pulmonary Date of

What test confirmed diagnosis Pulmonary Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Russell W. Ben M. D.

(Address) Flora

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

